

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              | 10573097  |          |        |                      |
|---|---|----------|--------|----------------------|
| <b>Filing Date:</b>                                     |   |          |        |                      |
| <b>Title of Invention:</b>                              | Ophthalmic Device Comprising A Holographic Sensor |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | Christopher Robin Lowe                            |          |        |                      |
| <b>Filer:</b>   | David Roman Saliwanchik/Linda Audette             |          |        |                      |
| <b>Attorney Docket Number:</b>                          | GJE-7492  |          |        |                      |
| Filed as Large Entity                                   |   |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |          |        |                      |
| Description   | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |   |          |        |                      |
| <b>Pages:</b>   |   |          |        |                      |
| <b>Claims:</b>  |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |   |          |        |                      |
| Late filing fee for oath or declaration                 | 1051  | 1        | 130    | 130                  |
| <b>Petition:</b>  |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |   |          |        |                      |
| Post-Allowance-and-Post-Issuance:                       |   |          |        |                      |
| <b>Extension-of-Time:</b>                               |   |          |        |                      |

| Description                        | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|------------------------------------|----------|----------|--------|----------------------|
| Extension - 5 months with \$0 paid | 1255     | 1        | 2160   | 2160                 |
| <b>Miscellaneous:</b>              |          |          |        |                      |
| <b>Total in USD (\$)</b>           |          |          |        | <b>2290</b>          |